

05/18/2010 08:51 FAX 2064402646

QUALIS HEALTH

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www.qualishealth.org



CONFIDENTIAL AND ADVISORY

ALASKA TEAMSTER-EMPLOYEE WELFARE TRUST
UPHELD APPEAL NOTICE

May 11, 2010

JUSTIN OLSEN
1075 CLOVERLEAF DR
NORTH POLE, AK 99705

Date of Birth: 06/17/1982
Case Number: 26502191
Subscriber Name: Justin Olsen

Appeal Type: Standard
Insurance ID: 959103757

Physician: Larry Wolford, M.D.
Admit Date: 6/2/2010

Facility: Baylor University Medical Center
Discharge Date:

Diagnosis: 714.30 POLYARTICULAR JUVENILE RHEUMATOID ARTHRITIS, CHRONIC OR UNSPECIFIED

Status	From	To	Procedure
Deny	6/2/2010	6/5/2010	21243 ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT

In order to promote high quality health care, Qualis Health has been authorized by your healthcare plan to pre-certify inpatient admissions, surgical procedures and select outpatient services. Qualis Health's function is to determine medical necessity.

It is your responsibility to review your benefit plan booklet to determine if the recommended treatment/procedure(s) is covered under your plan and to verify your eligibility. In the event you receive treatment and/or services outside the Plan's Preferred Provider network, by using a *non-Preferred Provider*, you will pay significantly more out-of-pocket. Questions regarding the benefit provisions of your plan should be directed to your health plan's Customer Service at 800-478-4450.

Qualis Health performed the initial review of the above referenced health care service(s). The appeal review was completed by a Qualis Health medical peer consultant with the same or similar specialty as the attending physician. The decision after appeal is to *uphold* the original non-certification. This determination is based on the following: After review of the clinical information submitted, our Oromaxillofacial peer consultant has advised that the proposed procedure cannot be approved at this time. Symptoms described do not indicate need for total joint replacement which would have a high risk of not addressing patients complaint of pain. Additional clinical rationale used in making the appeal decision will be provided, in writing, upon request.

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This notification does not prohibit you from being admitted to or remaining in the facility, but it does mean that Qualis Health will inform your healthcare claims payer that we cannot certify the requested health care services. The final decision for continued medical treatment is between you and your physician. Without Qualis Health approval, benefits may be reduced or charges disallowed.

If you have any questions regarding this notification, please contact Qualis Health at 1-800-783-8606.

Sincerely,



Eric M. Wall, MD, MPH
Senior Medical Director

cc: Attending Provider
 Claims Payer
 Facility UM Department
 Facility Billing Department
 Qualis Health File